

**VEOLIA**

ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 241335

*Remed***Section I****GENERATOR** (Generator completes all of Section I)a. Generator Name: USEPA - OMCb. Generating Location: Samec. Address: 90 Seahorse Drive

d. Address: _____

Waukegan, IL. 60085e. Phone No.: 312-886-7078

f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Kevin Adler EPAk. Quantity — Ld 1

Quantity	Units	TYPE																		
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

h. Owner's Phone No.: 004124Quantity — Ld 2

Quantity	Units	TYPE																		
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

i. Waste Profile No.: 004124Quantity — Ld 3

Quantity	Units	TYPE																		
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

j. Description of Waste: C-Soil/Concrete/PCB'sQuantity — Ld 4

Quantity	Units	TYPE																		
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Charm W. Sasser
Generator Authorized Agent Name

Signature
Signature

040711
Shipment Date

Section II**TRANSPORTER**

(Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: _____

b. Address: _____

c. Driver Name/Title: _____

d. Phone No.: _____

f. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

g. _____
Driver Signature

--	--	--	--	--	--

Shipment Date

TRANSPORTER IIh. Name: GLM ENT. INC.i. Address: 285 CRESCENT DRj. Driver Name/Title: GLEN M. KINSKYk. Phone No.: 8476135018m. Vehicle License No./State: PL638574

Acknowledgement of Receipt of Materials.

n. Signature
Driver Signature

040711
Shipment Date

Section III**DESTINATION**

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.c. Phone No.: 847-623-3870b. Physical Address: 701 Green Bay Rd.d. Mailing Address: SAMEZion, IL 60099

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

P. Shebesta
Name of Authorized Agent

Signature
Signature

040711
Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

701 Green Bay Road
Zion IL 60099

000804

BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124

INVOICE

INBOUND

Reference: 241331

0 0 0.00
In Time 4/7/11 4/7/11
Out Time 7:34 am 7:34 am

GROSS WEIGHT 89,420.00
TARE WEIGHT 28,920.00
NET WEIGHT 60,500.00

Ticket # 748641

Vehicle: 355_KTSI

Origin: LAKE COUNTY

Qty	UOM	Material	Rate	Mat Total	Tax	Total
30.25	TN	C-Debris - External				

Driver Signature _____

Veolia Copy

Scale Master

40203OUT

REPRINT

Total

Paid

Change Due

Inv Total

701 Green Bay Road
Zion IL 60099

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124
INVOICE INBOUND

Reference: 241331

Ticket # 748694

Vehicle: 355_KTSI

Origin: LAKE COUNTY

0 0 0.00
In Time 4/7/11 4/7/11
Out Time 10:19 am 10:19 am

GROSS WEIGHT 82,420.00
TARE WEIGHT 28,920.00
NET WEIGHT 53,500.00

Qty	UOM	Material	Rate	Mat Total	Tax	Total
26.75	TN	C-Debris - External				

Driver Signature

Veolia Copy

Scale Master

40203OUT

Total

Paid

Change Due

Inv Total

Veolia Zion Landfill
701 Green Bay Road
Zion IL 60099

ZL 847-599-5920

WO # 0
Route # 0
Seq # 0.00
In Time 4/7/11 4/7/11
Out Time 9:05 am 9:05 am

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124
INVOICE INBOUND

Reference:

Ticket # 748661

Vehicle: 355_KTSI

Origin: LAKE COUNTY

GROSS WEIGHT 75,320.00
TARE WEIGHT 28,920.00
NET WEIGHT 46,400.00

Qty	UOM	Material	Rate	Mat Total	Tax	Total
23.20	TN	C-Debris - External				

Driver Signature

Veolia Copy

Scale Master

40203OUT

Total

Paid

Change Due

Inv Total

701 Green Bay Road
Zion IL 60099

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124
INVOICE INBOUND

Reference: 241333

Ticket # 748738

Vehicle: 355_KTSI

Origin: LAKE COUNTY

0 0 0.00
In Time 4/7/11 4/7/11
Out Time 12:58 pm 12:58 pm

GROSS WEIGHT 72,480.00
TARE WEIGHT 28,920.00
NET WEIGHT 43,560.00

Qty	UOM	Material	Rate	Mat Total	Tax	Total
21.78	TN	C-Debris - External				

Driver Signature

Veolia Copy

Scale Master

40203OUT

Total

Paid

Change Due

Inv Total

Veolia Zion Landfill
701 Green Bay Road
Zion IL 60099

ZL 847-599-5920

WO # 0
Route # 0
Seq # 0.00
In Time 4/7/11 4/7/11
Out Time 11:38 am 11:38 am

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124
INVOICE INBOUND

Reference: 241331

Ticket # 748708

Vehicle: 355_KTSI

Origin: LAKE COUNTY

GROSS WEIGHT 76,260.00
TARE WEIGHT 28,920.00
NET WEIGHT 47,340.00

Qty	UOM	Material	Rate	Mat Total	Tax	Total
23.67	TN	C-Debris - External				

Driver Signature

Veolia Copy

Scale Master

40205

Total

Paid

Change Due

Inv Total

701 Green Bay Road
Zion IL 60099

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124

INVOICE INBOUND

Reference: 241336

Ticket # 748785

Vehicle: 355_KTSI

Origin: LAKE COUNTY

0 0 0.00
In Time 4/7/11 4/7/11
Out Time 3:21 pm 3:21 pm
GROSS WEIGHT 78,860.00
TARE WEIGHT 28,920.00
NET WEIGHT 49,940.00

Qty	UOM	Material	Rate	Mat Total	Tax	Total
24.97	TN	C-Soilnex - External				

Driver Signature

Ken

Total

Veolia Copy

Paid

Scale Master

40204

Change Due

Inv Total

Veolia Zion Landfill
701 Green Bay Road
Zion IL 60099

ZL 847-599-5920

WO #
0

Route # Seq # Cell #
0 0.00
In Time 4/7/11 4/7/11
Out Time 2:05 pm 2:05 pm

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124

INVOICE INBOUND

Reference: 241333

Ticket # 748766

Vehicle: 355_KTSI

Origin: LAKE COUNTY

GROSS WEIGHT 73,120.00
TARE WEIGHT 28,920.00
NET WEIGHT 44,200.00

Qty	UOM	Material	Rate	Mat Total	Tax	Total
22.10	TN	C-Debris - External				

Driver Signature

Ken

Total

Veolia Copy

Paid

Scale Master

40203OUT

Change Due

Inv Total

701 Green Bay Road
Zion IL 60099

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124
INVOICE INBOUND

0 0 0.00
In Time 4/7/11 4/7/11
Out Time 8:50 am 8:50 am

GROSS WEIGHT 84,520.00
TARE WEIGHT 31,620.00
NET WEIGHT 52,900.00

Ticket # 748658

Reference:

Vehicle: 367_GLM

Origin: LAKE COUNTY

Qty	UOM	Material	Rate	Mat Total	Tax	Total
26.45	TN	C-Debris - External				

Driver Signature

Veolia Copy

Scale Master

40203OUT

Total

Paid

Change Due

Inv Total

Veolia Zion Landfill
701 Green Bay Road
Zion IL 60099

ZL 847-599-5920

WO #
0

Route # Seq # Cell #
0 0.00
In Time 4/7/11 4/7/11
Out Time 7:36 am 7:36 am

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124
INVOICE INBOUND

GROSS WEIGHT 89,300.00
TARE WEIGHT 31,620.00
NET WEIGHT 57,680.00

Ticket # 748642

Reference: 241327

Vehicle: 367_GLM

Origin: LAKE COUNTY

Qty	UOM	Material	Rate	Mat Total	Tax	Total
28.84	TN	C-Debris - External				

Driver Signature

Veolia Copy

Scale Master

40203OUT

Total

Paid

Change Due

Inv Total

701 Green Bay Road
Zion IL 60099

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124

INVOICE INBOUND

Reference: 241327

Ticket # 748710

Vehicle: 367_GLM

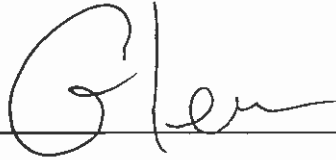
Origin: LAKE COUNTY

0 0 0.00
In Time 4/7/11 4/7/11
Out Time 11:40 am 11:40 am

GROSS WEIGHT 66,780.00
TARE WEIGHT 31,620.00
NET WEIGHT 35,160.00

Qty	UOM	Material	Rate	Mat Total	Tax	Total
17.58	TN	C-Debris - External				

Driver Signature



Veolia Copy

Scale Master

40205

Total

Paid

Change Due

Inv Total

Veolia Zion Landfill
701 Green Bay Road
Zion IL 60099

ZL 847-599-5920

WO #
0

Route # Seq # Cell #
0 0.00
In Time 4/7/11 4/7/11
Out Time 10:16 am 10:16 am

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124

INVOICE INBOUND

Reference: 241327

Ticket # 748693

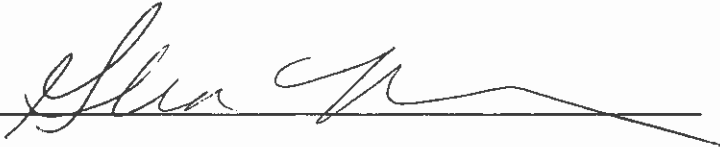
Vehicle: 367_GLM

Origin: LAKE COUNTY

GROSS WEIGHT 89,960.00
TARE WEIGHT 31,620.00
NET WEIGHT 58,340.00

Qty	UOM	Material	Rate	Mat Total	Tax	Total
29.17	TN	C-Debris - External				

Driver Signature



Veolia Copy

Scale Master

40203OUT

Total

Paid

Change Due

Inv Total

701 Green Bay Road
Zion IL 60099

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124
INVOICE INBOUND

Reference: 241332

0 0.00
In Time 4/7/11 4/7/11
Out Time 2:13 pm 2:13 pm

GROSS WEIGHT 78,360.00
TARE WEIGHT 31,620.00
NET WEIGHT 46,740.00

Ticket # 748770

Vehicle: 367_GLM

Origin: LAKE COUNTY

Qty	UOM	Material	Rate	Mat Total	Tax	Total
23.37	TN	C-Debris - External				

Driver Signature



Total

Veolia Copy

Paid

Scale Master

40203OUT

Change Due

Inv Total

Veolia Zion Landfill
701 Green Bay Road
Zion IL 60099

ZL 847-599-5920

WO #
0

Route # Seq # Cell #
0 0.00
In Time 4/7/11 4/7/11
Out Time 1:04 pm 1:04 pm

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124
INVOICE INBOUND

Reference: 241332

GROSS WEIGHT 71,500.00
TARE WEIGHT 31,620.00
NET WEIGHT 39,880.00

Ticket # 748741

Vehicle: 367_GLM

Origin: LAKE COUNTY

Qty	UOM	Material	Rate	Mat Total	Tax	Total
19.94	TN	C-Debris - External				

Driver Signature



Total

Veolia Copy

Paid

Scale Master

40203OUT

Change Due

Inv Total

Veolia Zion Landfill
701 Green Bay Road
Zion IL 60099

ZL 847-599-5920

WO #
0

Route # Seq # Cell #
0 0.00
In Time 4/7/11 4/7/11
Out Time 3:23 pm 3:23 pm

000804
BRANDENBURG IND SERVICE COMPANY
501 WEST LAKE STREET, SUITE 104

Contract: N004124
INVOICE INBOUND

GROSS WEIGHT 76,740.00
TARE WEIGHT 31,620.00
NET WEIGHT 45,120.00

Ticket # 748786

Reference: 241335

Vehicle: 367_GLM

Origin: LAKE COUNTY

Qty	UOM	Material	Rate	Mat Total	Tax	Total
22.56	TN	C-Soilnex - External				

Driver Signature



Veolia Copy

Scale Master

40204

Total

Paid

Change Due

Inv Total

USEPA - Omc

CONTRACT
From: Jul 19, 2010 To: Jul 19, 2010
Specified Contract: N004049

Facility: All Facilities			DETAILED REPORT				Report Contents: Inbound And Outbound		
Reference	Date In	Ticket Number	Material Description	Time In	Vehicle	Disposal Vol.	Disposal Qty.	Org.	Weight In
236506	19 Jul 2010	705172	C & D - External	7:51 am	277 KTSI	15.00	23.94	LC	82,380.00
236506	19 Jul 2010	705195	C & D - External	8:56 am		15.00	20.44	LC	75,380.00
236506	19 Jul 2010	705228	C & D - External	10:13 am		15.00	20.78	LC	76,060.00
236506	19 Jul 2010	705267	C & D - External	11:52 am		15.00	19.65	LC	73,800.00
139642	19 Jul 2010	705301	C & D - External	1:42 pm		15.00	16.70	LC	67,900.00
Vehicle Total (5)						75.00	101.51		
139640	19 Jul 2010	705179	C & D - External	7:45 am	284 KTSI	15.00	16.87	LC	63,200.00
139640	19 Jul 2010	705198	C & D - External	9:01 am		15.00	19.07	LC	67,600.00
139640	19 Jul 2010	705230	C & D - External	10:17 am		15.00	13.66	LC	56,780.00
139640	19 Jul 2010	705259	C & D - External	11:27 am		15.00	14.85	LC	59,160.00
139645	19 Jul 2010	705295	C & D - External	1:28 pm		15.00	10.04	LC	49,540.00
139645	19 Jul 2010	705332	C & D - External	2:50 pm		15.00	11.74	LC	52,940.00
Vehicle Total (6)						90.00	86.23		
236512	19 Jul 2010	705157	C & D - External	7:07 am	290 KTSI	15.00	23.65	LC	81,400.00
236512	19 Jul 2010	705184	C & D - External	8:18 am		15.00	19.58	LC	73,260.00
236512	19 Jul 2010	705218	C & D - External	10:00 am		15.00	20.80	LC	75,700.00
236512	19 Jul 2010	705247	C & D - External	11:10 am		15.00	18.54	LC	71,180.00
139643	19 Jul 2010	705291	C & D - External	1:17 pm		15.00	20.05	LC	74,200.00
139643	19 Jul 2010	705328	C & D - External	2:41 pm		15.00	21.42	LC	76,940.00
Vehicle Total (6)						90.00	124.04		
139641	19 Jul 2010	705175	C & D - External	7:41 am	392 KTSI	15.00	17.38	LC	68,540.00
139641	19 Jul 2010	705194	C & D - External	8:55 am		15.00	18.59	LC	70,960.00
139641	19 Jul 2010	705224	C & D - External	10:10 am		15.00	18.42	LC	70,620.00
139641	19 Jul 2010	705251	C & D - External	11:19 am		15.00	15.22	LC	64,220.00
139644	19 Jul 2010	705294	C & D - External	1:24 pm		15.00	14.27	LC	62,320.00
139644	19 Jul 2010	705330	C & D - External	2:48 pm		15.00	11.99	LC	57,760.00
Vehicle Total (6)						90.00	95.87		
Contract Total (23)						345.00	407.65		
Report Total (23)						345.00	407.65		

**VEOLIA**

ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236506

Section I**GENERATOR** (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
 c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
 e. Phone No.: 312-886-7078
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Kevin Adler EPA
 h. Owner's Phone No.: Same
004049
 i. Waste Profile No.: _____
 j. Description of Waste: PCB C & D <50 ppm

b. Generating Location: Same
 d. Address: _____
 f. Phone No.: _____

Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u> Y	<u>T</u>
Quantity — Ld 2	<u>15</u> Y	<u>T</u>
Quantity — Ld 3	<u>15</u> Y	<u>T</u>
Quantity — Ld 4	<u>15</u> Y	<u>T</u>

TYPE
 D - DRUM
 T - TRUCK
 O - OTHER

UNITS
 Y - YARDS
 O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Mamati Desai of Sullivan for EPA
 Generator Authorized Agent Name

MD/
 Signature

04 19 10
 Shipment Date

Section II**TRANSPORTER** (Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: KIRSCHHOFFER TRUCKING
 b. Address: 43185 N. Highway 41
Zion, IL. 60099
 c. Driver Name/Title: 847-395-6202
 d. Phone No.: PC 1166
 e. Truck No.: 277
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
Paul Schuler
 g. Driver Signature
07 19 10
 Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____
 l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver Signature
 Shipment Date

Section III**DESTINATION** (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
 b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
 c. Phone No.: 847-623-3870
 d. Mailing Address: SAME
 e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. C. Lyman
 Name of Authorized Agent

C. Lyman
 Signature

11 19 10
 Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain



VEOLIA

ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 139642

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: US EPA - OMC

b. Generating Location: SAME

c. Address: 90 SEAHORSE DR.

d. Address: _____

WAUKEGAN, IL 60085

e. Phone No.: 312-886-7078

f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: KEVIN AILEY - CTA

k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

h. Owner's Phone No.: SAME

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

i. Waste Profile No.: 004049

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

j. Description of Waste: PCB CID <50 TPM

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

CHRISTOPHER SUTHERLAND
Generator Authorized Agent Name Signature

071910
Shipment Date

Section II

TRANSPORTER

(Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: KIRSCHHOFFER TRUCKING

h. Name: _____

b. Address: 43165 N HWY 41

i. Address: _____

ZION IL 60619

c. Driver Name/Title: _____

j. Driver Name/Title: _____

d. Phone No.: 847-395-1020 e. Truck No.: 277

k. Phone No.: _____ l. Truck No.: _____

f. Vehicle License No./State: P619662 IL

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. [Signature]
Driver Signature

071910
Shipment Date

n. _____
Driver Signature

071910
Shipment Date

Section III

DESTINATION

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.

c. Phone No.: 847-623-3870

b. Physical Address: 701 Green Bay Rd.

d. Mailing Address: SAME

Zion, IL 60099

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. C. Lynnen
Name of Authorized Agent

C. Lynnen
Signature

71910
Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain



VEOLIA
ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

#284

No. 139640

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA OMC
c. Address: 90 Seahorse DR
Waukegan IL 60085
e. Phone No.: 312-886-7078

b. Generating Location: _____
d. Address: _____
f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Kevin Adler EPA
h. Owner's Phone No.: Same

i. Waste Profile No.: 004049
j. Description of Waste: PCB CFD <50 PPM

	Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 3	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 4	<u>15</u>	<u>Y</u>	<u>T</u>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

CAROL NISSEN OF SULTER FOR EPA Card 2
Generator Authorized Agent Name Signature

071910
Shipment Date

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: KIRSCHOFFER Trucking
b. Address: 43185 N HWY 41
ZION IL 60099
c. Driver Name/Title: _____
d. Phone No.: 8473956202 PRINT/TYPE Truck No.: 284
f. Vehicle License No./State: P544657

Acknowledgement of Receipt of Materials.

g. [Signature]
Driver Signature 071910
Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ PRINT/TYPE l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. _____
Driver Signature 071910
Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. C. Kirschoffer C. Kirschoffer 7/19/10
Name of Authorized Agent Signature Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain



VEOLIA
ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

#1284

No. 139645

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: US EPA - OMC
c. Address: 90 SEAHORSE DR
WILKEGAN, IL 60085
e. Phone No.: 312-880-7078
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: KEVIN ADLER - EPA
h. Owner's Phone No.: SAME
i. Waste Profile No.: 004049
j. Description of Waste: PCB C+D <50 PPM

b. Generating Location: SAME
d. Address: _____
f. Phone No.: _____
k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Carroll M. Sullivan for EPA
Generator Authorized Agent Name Signature

071910
Shipment Date

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: KIRSCHOFFER TRUCKING
b. Address: 43105 N HWY 41
ZION, IL 60099
c. Driver Name/Title: JACK
d. Phone No.: 847-395-1002 PRINT/TYPE e. Truck No.: 284
f. Vehicle License No./State: 7544657

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ PRINT/TYPE l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Jack Sullivan
Driver Signature 071910
Shipment Date

n. _____
Driver Signature _____
Shipment Date

Section III

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. C. Lyngen
Name of Authorized Agent

C. Lyngen
Signature

071910
Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain



ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236512

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
 c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
 e. Phone No.: 312-886-7078
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Kevin Adler EPA
 h. Owner's Phone No.: Same
004049
 i. Waste Profile No.: PCB C & D <50 ppm
 j. Description of Waste: PCB C & D <50 ppm

b. Generating Location: Same
 d. Address: _____
 f. Phone No.: _____
 k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> T	<input type="checkbox"/> D - DRUM <input type="checkbox"/> T - TRUCK <input type="checkbox"/> O - OTHER

 Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> T	<input type="checkbox"/> D - DRUM <input type="checkbox"/> T - TRUCK <input type="checkbox"/> O - OTHER

 Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> T	<input type="checkbox"/> D - DRUM <input type="checkbox"/> T - TRUCK <input type="checkbox"/> O - OTHER

 Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> T	<input type="checkbox"/> D - DRUM <input type="checkbox"/> T - TRUCK <input type="checkbox"/> O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Manual Review of Sulfur for IL
 Generator Authorized Agent Name MD

070910
 Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: KIRSCHHOFFER TRUCKING
 b. Address: 43185 N. Highway 41
Zion, IL. 60099
 c. Driver Name/Title: 847-395-6202
 d. Phone No.: PRINT/TYPE
 e. Truck No.: 270
 f. Vehicle License No./State: P433453
 Acknowledgement of Receipt of Materials:
 g. BORG
 Driver Signature 071510
 Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____
 l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials:
 n. _____
 Driver Signature _____
 Shipment Date

Section III DESTINATION (Generator completes a-f; destination site completes g-i)

a. Site Name: Veolia ES Zion Landfill, Inc.
 b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
 c. Phone No.: 847-623-3870
 d. Mailing Address: SAME
 e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. C. Lyngren
 Name of Authorized Agent C. Lyngren
 Signature 11/19/10
 Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

KTS1290

No. 139643

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: US EPA - OMC
c. Address: 90 SEAHORSE DR
WILKEGANN IL 60085
e. Phone No.: 312-8826-7078
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: KEVIN ADLER - EPA
h. Owner's Phone No.: SAME
i. Waste Profile No.: 004049
j. Description of Waste: PCB LTD < 50ppm

b. Generating Location: SAME
d. Address: _____
f. Phone No.: _____
k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

CAROL NISSEWORTH SULTAK FOR EPA
Generator Authorized Agent Name Signature

07/19/10
Shipment Date

Section II

TRANSPORTER

(Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: KIRSCHUEFFER TRUCKING
b. Address: 43185 N. HWY 41
ZION, IL 60099
c. Driver Name/Title: Bozo
d. Phone No.: 847-395-1020 e. Truck No.: 250
f. Vehicle License No./State: P433453

Acknowledgement of Receipt of Materials.

g. Bozo 07/19/10
Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. _____
Driver Signature Shipment Date

Section III

DESTINATION

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. C. Lyngren
Name of Authorized Agent

C. Lyngren
Signature

07/19/10
Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

**VEOLIA**

ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 139641

Section I**GENERATOR** (Generator completes all of Section I)a. Generator Name: USEPA - OMCb. Generating Location: SAMEc. Address: 90 SEAHORSE DR.

d. Address: _____

WAUKEGAN, IL 60085e. Phone No.: 312-886-7078

f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: KEVIN ADLER - EPAk. Quantity — Ld 1

Quantity	Units	TYPE
<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>

h. Owner's Phone No.: SAMEQuantity — Ld 2

Quantity	Units	TYPE
<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>

i. Waste Profile No.: 004049Quantity — Ld 3

Quantity	Units	TYPE
<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>

j. Description of Waste: PCB C+D <50 PPMQuantity — Ld 4

Quantity	Units	TYPE
<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME _____

CAROLANISIA OF SULTANOREPA Cant N.
 Generator Authorized Agent Name Signature

071910
 Shipment Date

Section II**TRANSPORTER**

(Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER Ia. Name: KIRSCHHOFFER TRUCKING

h. Name: _____

b. Address: 43185 N HWY 41

i. Address: _____

ZION, IL 60099c. Driver Name/Title: C. Peterson

j. Driver Name/Title: _____

d. Phone No.: 847-395-0202 e. Truck No.: 392

k. Phone No.: _____ l. Truck No.: _____

f. Vehicle License No./State: 292939

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

C. Peterson
 Driver Signature 071910
 Shipment Date

 Driver Signature 071910
 Shipment Date

Section III**DESTINATION**

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.c. Phone No.: 847-623-3870b. Physical Address: 701 Green Bay Rd.d. Mailing Address: SAMEZion, IL 60099

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

C. Lynga
 Name of Authorized Agent

C. Lynga
 Signature 071910
 Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain



No. 139644

GOLD - Generator Retain

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705195ZL
19 July 2010 8:56 am
19 July 2010 8:56 am
Vehicle: 277 KTSI KTSI

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 236506

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 75,380.00 lb
Stored Tare Weight 34,500.00 lb
Net Weight 40,880.00 lb 20.44 TN

Quantity	Unit	Description	Rate	Total
20.44	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: Rich

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705172ZL
19 July 2010 7:51 am
19 July 2010 7:51 am
Vehicle: 277 KTSJ KTSI

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 236506

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 82,380.00 lb
Stored Tare Weight 34,500.00 lb
Net Weight 47,880.00 lb 23.94 TN

Quantity	Unit	Description	Rate	Total
23.94	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: Rich

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705267ZL
19 July 2010 11:52 am
19 July 2010 11:52 am
Vehicle: 277 KTSI KTSI

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 236506

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

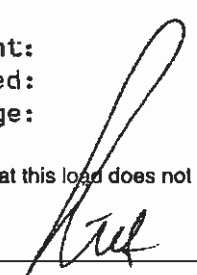
Gross Weight 73,800.00 lb
Stored Tare Weight 34,500.00 lb
Net Weight 39,300.00 lb 19.65 TN

Quantity	Unit	Description	Rate	Total
19.65	TN	E2 [LC] C & D - External		

Thank you for your business !!

Net Amount:
Tendered:
Change:

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705228ZL
19 July 2010 10:13 am
19 July 2010 10:13 am
Vehicle: 277 KTSI KTSI

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 236506

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 76,060.00 lb
Stored Tare Weight 34,500.00 lb
Net Weight 41,560.00 lb 20.78 TN

Quantity	Unit	Description	Rate	Total
20.78	TN	E2 [LC] C & D - External		

Thank you for your business !!

Net Amount:
Tendered:
Change:

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 7051792L
18 July 2010 7:45 am
19 July 2010 7:59 am
Vehicle: 284 KTSI KTSI TRUCKING

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139640

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 63,200.00 lb
Stored Tare Weight 29,460.00 lb
Net Weight 33,740.00 lb 16.87 TN

Quantity	Unit	Description	Rate	Total
16.87	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: Jack

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 7053012L
19 July 2010 1:42 pm
19 July 2010 1:42 pm
Vehicle: 277 KTSI KTSI

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139642

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 67,900.00 lb
Stored Tare Weight 34,500.00 lb
Net Weight 33,400.00 lb 16.70 TN

Quantity	Unit	Description	Rate	Total
16.70	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: Rich

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705230ZL
19 July 2010 10:17 am
19 July 2010 10:17 am
Vehicle: 284 KTSI KTSI TRUCKING

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139640

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 56,780.00 lb
Stored Tare Weight 29,460.00 lb
Net Weight 27,320.00 lb 13.66 TN

Quantity	Unit	Description	Rate	Total
13.66	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: Jack

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705198ZL
19 July 2010 9:01 am
19 July 2010 9:01 am
Vehicle: 284 KTSI KTSI TRUCKING

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139640

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 67,600.00 lb
Stored Tare Weight 29,460.00 lb
Net Weight 38,140.00 lb 19.07 TN

Quantity	Unit	Description	Rate	Total
19.07	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: Jack

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705295ZL
19 July 2010 1:28 pm
19 July 2010 1:28 pm
Vehicle: 284 KTSI KTSI TRUCKING

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139645

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 49,540.00 lb
Stored Tare Weight 29,460.00 lb
Net Weight 20,080.00 lb 10.04 TN

Quantity	Unit	Description	Rate	Total
10.04	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705295ZL
19 July 2010 11:27 am
19 July 2010 11:27 am
Vehicle: 284 KTSI KTSI TRUCKING

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139640

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

00 Gross Weight 59,160.00 lb
Stored Tare Weight 29,460.00 lb
Net Weight 29,700.00 lb 14.85 TN

Quantity	Unit	Description	Rate	Total
14.85	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705157ZL
19 July 2010 7:07 am
19 July 2010 7:07 am
Vehicle: 290 KTSI KIRSHHOFFER

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 236512

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 81,400.00 lb
Stored Tare Weight 34,100.00 lb
Net Weight 47,300.00 lb 23.65 TN

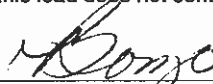
Quantity	Unit	Description	Rate	Total
23.65	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: _____



Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705332ZL
19 July 2010 2:50 pm
19 July 2010 2:50 pm
Vehicle: 284 KTSI KTSI TRUCKING

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139645

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 52,940.00 lb
Stored Tare Weight 29,460.00 lb
Net Weight 23,480.00 lb 11.74 TN

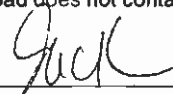
Quantity	Unit	Description	Rate	Total
11.74	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: _____



Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705218ZL
19 July 2010 10:00 am
19 July 2010 10:00 am
Vehicle: 290 KTSI KIRSHHOFFER

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 236512

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

00 Gross Weight 75,700.00 lb
Stored Tare Weight 34,100.00 lb
Net Weight 41,600.00 lb 20.80 TN

Quantity	Unit	Description	Rate	Total
20.80	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: _____

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705184ZL
19 July 2010 8:18 am
19 July 2010 8:18 am
Vehicle: 290 KTSI KIRSHHOFFER

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 236512

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 73,260.00 lb
Stored Tare Weight 34,100.00 lb
Net Weight 39,160.00 lb 19.58 TN

Quantity	Unit	Description	Rate	Total
19.58	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: _____

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705291ZL
19 July 2010 1:17 pm
19 July 2010 1:17 pm
Vehicle: 290 KTSI KIRSHHOFFER

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139643

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 74,200.00 lb
Stored Tare Weight 34,100.00 lb
Net Weight 40,100.00 lb 20.05 TN

Quantity	Unit	Description	Rate	Total
20.05	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705247ZL
19 July 2010 11:10 am
19 July 2010 11:10 am
Vehicle: 290 KTSI KIRSHHOFFER

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 236512

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 71,180.00 lb
Stored Tare Weight 34,100.00 lb
Net Weight 37,080.00 lb 18.54 TN

Quantity	Unit	Description	Rate	Total
18.54	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 70517571
19 July 2010 7:41 am
19 July 2010 7:55 am
Vehicle: 392 KTSI KTSI

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139641

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

00 Gross Weight 68,540.00 lb
Stored Tare Weight 33,780.00 lb
Net Weight 34,760.00 lb 17.38 TN

Quantity	Unit	Description	Rate	Total
17.38	TN	E2 [LC] C & D - External		

Thank you for your business !!

Net Amount:
Tendered:
Change:

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705328ZL
19 July 2010 2:41 pm
19 July 2010 2:41 pm
Vehicle: 290 KTSI KIRSHHOFFER

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139643

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 76,940.00 lb
Stored Tare Weight 34,100.00 lb
Net Weight 42,840.00 lb 21.42 TN

Quantity	Unit	Description	Rate	Total
21.42	TN	E2 [LC] C & D - External		

Thank you for your business !!

Net Amount:
Tendered:
Change:

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705224ZL
19 July 2010 10:10 am
19 July 2010 10:10 am
Vehicle: 392 KTSI KTSI

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139641

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 70,620.00 lb
Stored Tare Weight 33,780.00 lb
Net Weight 36,840.00 lb 18.42 TN

Quantity	Unit	Description	Rate	Total
18.42	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

Weighmaster: CHERYL -Scale
Ticket: 705194ZL
19 July 2010 8:55 am
19 July 2010 8:55 am
Vehicle: 392 KTSI KTSI

000804 - 0005
USEPA - OMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139641

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 70,960.00 lb
Stored Tare Weight 33,780.00 lb
Net Weight 37,180.00 lb 18.59 TN

Quantity	Unit	Description	Rate	Total
18.59	TN	E2 [LC] C & D - External		

Net Amount:
Tendered:
Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
 701 Green Bay Road
 Zion, Illinois 60099

Weighmaster: CHERYL -Scale
 Ticket: 705294ZL
 19 July 2010 1:24 pm
 19 July 2010 1:24 pm
 Vehicle: 392 KTSI KTSI

000804 - 0005
 USEPA - OMC /N004049
 90 SEAHORSE DR
 Contract: N004049
 Reference: 139644

000000 0000 0.00
 Inbound - DISPOSAL CHARGE
 LAKE COUNTY

Gross Weight 62,320.00 lb
 Stored Tare Weight 33,780.00 lb
 Net Weight 28,540.00 lb 14.27 TN

Quantity	Unit	Description	Rate	Total
14.27	TN	E2 [LC] C & D - External		

Net Amount:
 Tendered:
 Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
 701 Green Bay Road
 Zion, Illinois 60099

Weighmaster: CHERYL -Scale
 Ticket: 705251ZL
 19 July 2010 11:19 am
 19 July 2010 11:19 am
 Vehicle: 392 KTSI KTSI

000804 - 0005
 USEPA - OMC /N004049
 90 SEAHORSE DR
 Contract: N004049
 Reference: 139641

000000 0000 0.00
 Inbound - DISPOSAL CHARGE
 LAKE COUNTY

Gross Weight 64,220.00 lb
 Stored Tare Weight 33,780.00 lb
 Net Weight 30,440.00 lb 15.22 TN

Quantity	Unit	Description	Rate	Total
15.22	TN	E2 [LC] C & D - External		

Net Amount:
 Tendered:
 Change:

Thank you for your business !!

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 

Zion Landfill
701 Green Bay Road
Zion, Illinois 60099

000804 - 0005
USEPA - DMC /N004049
90 SEAHORSE DR
Contract: N004049
Reference: 139644

Weighmaster: CHERYL -Scale
Ticket: 705330ZL
19 July 2010 2:48 pm
19 July 2010 2:48 pm
Vehicle: 392 KTSI KTSI

000000 0000 0.00
Inbound - DISPOSAL CHARGE
LAKE COUNTY

Gross Weight 57,760.00 lb
Stored Tare Weight 33,780.00 lb
Net Weight 23,980.00 lb 11.99 TN

Quantity	Unit	Description	Rate	Total
11.99	TN	E2 [LC] C & D - External		

Thank you for your business !!

Net Amount:
Tendered:
Change:

I hereby certify that this load does not contain any unauthorized waste.

SIGNATURE: 



CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236505

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC

b. Generating Location: Same

c. Address: 90 Seahorse Drive

d. Address: Waukegan, IL 60085

e. Phone No.: 312-886-7078

f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same

h. Owner's Phone No.: 004049

i. Waste Profile No.: PCB C & D < 50 ppm

j. Description of Waste: _____

	Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2		<u>Y</u>	<u>T</u>
Quantity — Ld 3		<u>Y</u>	<u>T</u>
Quantity — Ld 4		<u>Y</u>	<u>T</u>

TYPE

D - DRUM

T - TRUCK

O - OTHER

UNITS

Y - YARDS

O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>KIRSCHHOFFER TRUCKING</u>	h. Name: <u>S. KING</u>		
b. Address: <u>43185 N. Highway 41</u>	i. Address: <u>2865 W. COLUMBIA</u>		
	<u>CHICAGO 60632</u>		
c. Driver Name/Title: <u>847-395-6207</u>	j. Driver Name/Title: <u>Summit</u>		
d. Phone No.: _____	k. Phone No.: <u>773-281-2800</u>		
e. Truck No.: _____	l. Truck No.: <u>624</u>		
f. Vehicle License No./State: _____	m. Vehicle License No./State: <u>51557042</u>		
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	n. Driver Signature		
Shipment Date	Shipment Date		

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.

b. Physical Address: 701 Green Bay Rd.

c. Phone No.: 847-623-3870

d. Mailing Address: SAME

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent _____ Signature _____ Receipt Date _____

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236511

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC b. Generating Location: Same
c. Address: 90 Seahorse Drive d. Address: _____
Waukegan, IL 60085
312-886-7078 f. Phone No.: _____
e. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

h. Owner's Phone No.: 004049 Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

i. Waste Profile No.: PURC & D - 50 ppm Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

j. Description of Waste: _____ Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE	
D	DRUM
T	TRUCK
O	OTHER
UNITS	
Y	YARDS
O	OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER I

(Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER II

a. Name: KIRSCHHOPFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL 60099
c. Driver Name/Title: 847-395-6202 Michael G. Phillips
d. Phone No.: _____ e. Truck No.: 315
f. Vehicle License No./State: 99599/IL
Acknowledgement of Receipt of Materials.
g. Driver Signature [Signature] Shipment Date 06301C

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. Driver Signature _____ Shipment Date _____

Section III

DESTINATION

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236510

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
 c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
 e. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 004045
 i. Waste Profile No.: RCB C & D - 50 ppm
 j. Description of Waste: _____

b. Generating Location: _____
 d. Address: _____
 f. Phone No.: _____

	Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 3		<u>Y</u>	<u>T</u>
Quantity — Ld 4		<u>Y</u>	<u>T</u>

TYPE
 D - DRUM
 T - TRUCK
 O - OTHER
UNITS
 Y - YARDS
 O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator completes a-d, Transporter I completes c-g, Transporter II completes h-n)

TRANSPORTER I

a. Name: KIRSCHHOFFER TRUCKING
 b. Address: 43185 N. Highway 91
Zion, IL 60099
 c. Driver Name/Title: 847-395-6202
 d. Phone No.: _____
 e. Truck No.: 990
 f. Vehicle License No./State: IL 52459
 Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

TRANSPORTER II

h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____
 l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.

n. Driver Signature

Shipment Date

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
 b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
 c. Phone No.: 847-623-3870
 d. Mailing Address: SAME
 e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent

Signature

Receipt Date

No. 236501

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
e. Phone No.: 312-886-7078
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Kevin Adler EPA
h. Owner's Phone No.: 004049
i. Waste Profile No.: PCB C & D 50 ppm
j. Description of Waste: PCB C & D

b. Generating Location: Same
d. Address: _____
f. Phone No.: _____
k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name David Sallner for EPA Signature MD/ Shipment Date 165010

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL 60099
c. Driver Name/Title: 847-395-6002
d. Phone No.: _____ e. Truck No.: 023
f. Vehicle License No./State: PC13345
Acknowledgement of Receipt of Materials.
g. Driver Signature Rogers Shipment Date 165010

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. Driver Signature _____ Shipment Date _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 165010

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

No. 236500

BRICK

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC

b. Generating Location: Same

c. Address: 90 Seahorse Drive

d. Address: _____

Waukegan, IL 60085

e. Phone No.: 312-886-7078

f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same

k. Quantity — Ld 1

Quantity	Units	TYRE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

h. Owner's Phone No.: 004049

Quantity — Ld 2

Quantity	Units	TYRE
<input type="text"/>	<input type="text"/>	<input type="text"/>

i. Waste Profile No.: PCB C & D < 50 ppm

Quantity — Ld 3

Quantity	Units	TYRE
<input type="text"/>	<input type="text"/>	<input type="text"/>

j. Description of Waste: BRICKS

Quantity — Ld 4

Quantity	Units	TYRE
<input type="text"/>	<input type="text"/>	<input type="text"/>

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER

(Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I

KIRSCHHOFFER TRUCKING

a. Name: 43185 N. Highway 41

b. Address: Zion, IL 60099

c. Driver Name/Title: 847-395-6202

PRINT/TYPE

d. Phone No.: _____ e. Truck No.: _____

f. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

TRANSPORTER II

h. Name: DAVE Horton Truck LLC

i. Address: 14925 Horton Rd

Kendallville, OH 45757

j. Driver Name/Title: DAVE Horton

PRINT/TYPE

k. Phone No.: 203 206 2611 l. Truck No.: 351

m. Vehicle License No./State: 14215 W

Acknowledgement of Receipt of Materials.

n. Driver Signature

Shipment Date

Section III

DESTINATION

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.

c. Phone No.: 847-623-3870

b. Physical Address: 701 Green Bay Rd.

d. Mailing Address: SAME

Zion, IL 60099

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

BRANDENBURG INDUSTRIAL SERVICE CO.2625 South Loomis Street
Chicago, Illinois 60608-5414

152180

Date: 6/30/10Truck No. 351 Trailer No. TOB trailerDriver DAVE HORTONCompany Hauling KIRSCHOFFERPick Up At IL 1080

Delivered To: _____

Start 6:30 am

Lunch _____

Load Type Brick Stop 3:45 pmDispatched By Dave Imanuelli

Received By: _____

DUMP

a. Name: _____

b. Address: 43185 N. Highway 41
Zion, IL 60099c. Driver Name/Title: 847-395-6202

d. Phone No.: _____ e. Truck No.: _____

f. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

g. _____
Driver Signature

Shipment Date

Section III**DESTINATION** (Generator completes a-d; destination site completes e-f)a. Site Name: Veolia ES Zion Landfill, Inc.b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

t. C. Thompson
Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

NON-SPECIAL WASTE MANIFESTNo. 236509

Generator completes all of Section I)

Generating Location: _____

Address: _____

Phone No.: _____

	Quantity	Units	TYPE
Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2	<u>19</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 3		<u>Y</u>	<u>T</u>
Quantity — Ld 4		<u>Y</u>	<u>T</u>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHERMaterial is not a hazardous waste as defined by
classified and packaged, and is in proper
condition is a treatment residue of a previously
and warrant that the waste has been treated
hazardous waste as defined by 40 CFR Part 261.TOTAL
VOLUME

Shipment Date

(Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER IIh. Name: DAVE HORTON Trucking LLCi. Address: 14725 Horton Rd
Kenosha, WI 53142j. Driver Name/Title: DAVE HORTON ownerk. Phone No.: 262 700 7011 l. Truck No.: 351m. Vehicle License No./State: 14215 WI

Acknowledgement of Receipt of Materials.

n. Dave Horton
Driver Signature

Shipment Date

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236504

Section I		GENERATOR (Generator completes all of Section I)															
<p>a. Generator Name: <u>USEPA - OMC</u></p> <p>c. Address: <u>90 Seahorse Drive</u> <u>Waukegan, IL 60085</u> <u>312-880-7078</u></p> <p>e. Phone No.: _____</p> <p>If owner of the generating facility differs from the generator, provide:</p> <p>g. Owner's Name: <u>Same</u></p> <p>h. Owner's Phone No.: <u>004049</u></p> <p>i. Waste Profile No.: <u>PCB C & D - 50 ppm</u></p> <p>j. Description of Waste: _____</p>	<p>b. Generating Location: <u>Same</u></p> <p>d. Address: _____</p> <p>f. Phone No.: _____</p> <p>k. Quantity — Ld 1: <table border="1" style="display: inline-table;"><tr><td>1</td><td>5</td></tr></table> Units: <table border="1" style="display: inline-table;"><tr><td>Y</td></tr></table> TYPE: <table border="1" style="display: inline-table;"><tr><td>D</td></tr></table></p> <p>Quantity — Ld 2: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> Units: <table border="1" style="display: inline-table;"><tr><td> </td></tr></table> TYPE: <table border="1" style="display: inline-table;"><tr><td> </td></tr></table></p> <p>Quantity — Ld 3: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> Units: <table border="1" style="display: inline-table;"><tr><td> </td></tr></table> TYPE: <table border="1" style="display: inline-table;"><tr><td> </td></tr></table></p> <p>Quantity — Ld 4: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> Units: <table border="1" style="display: inline-table;"><tr><td> </td></tr></table> TYPE: <table border="1" style="display: inline-table;"><tr><td> </td></tr></table></p>	1	5	Y	D												
1	5																
Y																	
D																	

TYPE	
D	DRUM
T	TRUCK
O	OTHER
UNITS	
Y	YARDS
O	OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name _____ Signature _____

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Shipment Date

Section II		TRANSPORTER (Generator completes a-d, Transporter I complete e-g, Transporter II complete h-n)	
<p>TRANSPORTER I</p> <p>a. Name: <u>KIRSCHHOFFER TRUCKING</u></p> <p>b. Address: <u>43185 N. Highway 41</u> <u>Zion, IL 60099</u></p> <p>c. Driver Name/Title: <u>847-295-6342</u></p> <p>d. Phone No.: _____</p> <p>e. Truck No.: _____</p> <p>f. Vehicle License No./State: _____</p> <p>Acknowledgement of Receipt of Materials.</p> <p>g. Driver Signature _____</p>	<p>TRANSPORTER II</p> <p>h. Name: <u>Pik la Familia</u></p> <p>i. Address: _____</p> <p>j. Driver Name/Title: <u>Josue Balladinas</u></p> <p>k. Phone No.: <u>773-679-2251</u> Truck No.: <u>821</u></p> <p>m. Vehicle License No./State: <u>D 375486</u></p> <p>Acknowledgement of Receipt of Materials.</p> <p>n. Driver Signature <u>[Signature]</u></p>		

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Shipment Date

Section III		DESTINATION (Generator completes a-d, destination site completes e-f)	
<p>a. Site Name: <u>Veolia ES Zion Landfill, Inc.</u></p> <p>b. Physical Address: <u>701 Green Bay Rd.</u> <u>Zion, IL 60099</u></p>	<p>c. Phone No.: <u>847-623-3870</u></p> <p>d. Mailing Address: <u>SAME</u></p>		

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent _____ Signature _____

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Receipt Date

No. 236507

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
 c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
 e. Phone No.:
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 004049
 i. Waste Profile No.: PCB C & D - 50 ppm
 j. Description of Waste:

b. Generating Location: Same
 d. Address:
 f. Phone No.:
 k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
 D - DRUM
 T - TRUCK
 O - OTHER
UNITS
 Y - YARDS
 O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: KIRSCHHOFFER TRUCKING
 b. Address: 43185 N. Highway 41
Zion, IL 60099
 c. Driver Name/Title: 847-395-6202
 d. Phone No.: PRINT/TYPE
 e. Truck No.:
 f. Vehicle License No./State:
 Acknowledgement of Receipt of Materials.

TRANSPORTER II
 h. Name: E. KING
 i. Address: 3 W Columbus
 j. Driver Name/Title: ALFREDO V
 k. Phone No.: 773-744-6799 PRINT/TYPE
 l. Truck No.: 721
 m. Vehicle License No./State: 65714
 Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

n. Driver Signature

Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
 b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
 c. Phone No.: 847-623-3870
 d. Mailing Address: SAME
 e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No. 236498

WFE - Customer Email CENR - Number of Channels PMS - Temperature Point GRC - Customer Group



ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236495

SECTION I GENERATOR

a. Generator Name: USEPA - OML
 b. Generating Location: 90 Seahorse Drive
 c. Address: Waukegan, IL 60085
 d. Phone No.: 312-886-7078
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 000000

i. Waste Profile No.: PEH-C & D-50 ppm
 j. Description of Waste: BTICK

b. Generating Location: SAME
 d. Address:
 f. Phone No.:
 k. Quantity — Ld 1: 11/5
 Quantity — Ld 2: 11/5
 Quantity — Ld 3: 11/5
 Quantity — Ld 4: 11/5
 TYPE: D - DRUM, T - TRUCK, O - OTHER
 UNITS: Y - YARDS, C - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: Signature: Date: 06/29/10

SECTION II TRANSPORTER

a. Name: KIRCHHOFFER TRUCKING
 b. Address: 41185 N Highway 41
 c. Driver Name/Title: RAY, RAYMOND
 d. Phone No.: 815-395-0202
 f. Vehicle License No./State: P113 4433

Acknowledgment of Receipt of Materials:

Driver Signature: Date: 06/29/10

a. Name:
 b. Address:
 c. Driver Name/Title:
 d. Phone No.:
 f. Vehicle License No./State:

Acknowledgment of Receipt of Materials:

Driver Signature: Date:

SECTION III DESTINATION

a. Site Name: Waste ES Zen Landfill Inc.
 b. Physical Address: 701 Green Bay Rd
 c. Phone No.: 815-504-3630
 d. Mailing Address: SAME
 e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent: Signature: Date: 06/29/10

Signer refers to the company which owns, leases, operates, controls, or supervises the facility being described or received, or the direction or retention operation, or both.

WHITE - Generation Facility, GRAY - Return to Generator, PINK - Transporter Facility, GOLD - Receiver Facility



ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236497

Section I: GENERATOR

a. Generator Name: DAIRY CORP.
 b. Generating Location: State
 c. Address: 90 Seahorse Drive
Waukegan, IL: 60085
 d. Phone No.: 312-586-7078
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 604419
 i. Waste Profile No.: PCB C & D -50 ppm
 j. Description of Waste:

k. Quantity — Lb 1

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 Type

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 l. Quantity — Lb 2

--	--	--	--	--

 Type

--	--

 m. Quantity — Lb 3

--	--	--	--	--

 Type

--	--

 n. Quantity — Lb 4

--	--	--	--	--

 Type

--	--

TYPE
 D - DRUM
 T - TRUCK
 O - OTHER
 UNITS
 Y - YARDS
 G - OTHER

TOTAL
VOLUME

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously mentioned hazardous waste subject to treatment Disposal Restrictions, certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 261 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Signature of Generator: [Signature]
 Date: 11/10

Signature of Receiver: [Signature]
 Date: 11/10

Section II: TRANSPORTER

a. Name: WIND HOPPER TRUCKING
 b. Address: 11115 N. Highway 41
Elm, IL 60120
 c. Driver Name/Title: Michael Coffey
 d. Phone No.: 847-495-5302
 e. Truck No.: 313
 f. Vehicle License No./State: CT9399/IL
 Acknowledgment of Receipt of Materials:
 Signature: [Signature]
 Date: 11/10

a. Name: _____
 b. Address: _____
 c. Driver Name/Title: _____
 d. Phone No.: _____
 e. Truck No.: _____
 f. Vehicle License No./State: _____
 Acknowledgment of Receipt of Materials:
 Signature: _____
 Date: _____

Section III: DESTINATION

a. Site Name: Veolia E.O. Zorn Landfill, Inc.
 b. Physical Address: 701 Green Bay Pk.
Zion, IL 60089
 c. Discrepancy Indication Space:

a. Phone No.: 847-623-2600
 b. Mailing Address: SAME

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Receiver Agent: [Signature]
 Date: 11/10

Signature of Receiver: [Signature]
 Date: 11/10

**VEOLIA**

ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236496

GENERATOR INFORMATION

a. Generator Name: USFCA - OMC
 b. Address: 50 Seahorse Drive
Waukegan, IL 60085
312-880-7078
 c. Phone No.:
 If name of the generating facility differs from correspondence, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 800-1049
 i. Waste Profile No.: PCB C & D - 50 ppm
 j. Description of Waste:

b. Generating Location:
 d. Address:
 f. Phone No.:
 k. Quantity — Ld 1:

0	0	0	5	0	0
---	---	---	---	---	---

 Quantity — Ld 2:

0	0	0	5	0	0
---	---	---	---	---	---

 Quantity — Ld 3:

0	0	0	5	0	0
---	---	---	---	---	---

 Quantity — Ld 4:

0	0	0	5	0	0
---	---	---	---	---	---

 Units:

Y	N	T
---	---	---

 TOTAL VOLUME:

0	0	0	5	0	0
---	---	---	---	---	---

 UNITS:

Y	N	T
---	---	---

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, assessed and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Signature of the Generator Agent: [Signature]
 Date: 06/29/10

TRANSPORTER INFORMATION

TRANSPORTER I
KIRSCHHOFF TRUCKING
 a. Name: 43185 N. Highway 41
 b. Address: Waukegan, IL 60085
 c. Driver Name/Title: 347-325-6302 Michael G. [Signature]
 d. Phone No.: [Signature]
 e. Vehicle License No./State: 99199/IL
 f. Acknowledgment of Receipt of Materials: [Signature]

TRANSPORTER II
 h. Name:
 i. Address:
 j. Driver Name/Title:
 k. Phone No.:
 l. Vehicle License No./State:
 m. Acknowledgment of Receipt of Materials: [Signature]

Signature: [Signature]
 Date: 06/29/10

Signature: [Signature]
 Date: [Signature]

RECIPIENT INFORMATION

a. Site Name: Veolia ES Zen Landfill, Inc.
 b. Physical Address: 701 Green Bay Rd.
Zen, IL 60089
 c. Phone No.: 847-603-3870
 d. Mailing Address: Same

a. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent: [Signature]
 Signature: [Signature]
 Date: 06/29/10

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being manifested or received, or the consignor or servicer agent, or the

Brick

No. 236494

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
e. Phone No.: _____

b. Generating Location: Same
d. Address: _____
f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Kevin Adler EPA
h. Owner's Phone No.: 004049

i. Waste Profile No.: PCB C & D < 50 ppm

j. Description of Waste: Brick

	Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 3	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 4	<u>15</u>	<u>Y</u>	<u>T</u>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

062910

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: _____
e. Truck No.: _____
f. Vehicle License No./State: _____

TRANSPORTER II
h. Name: DAVE HORTON TRUCKING LLC
i. Address: 14925 Horton Rd.
Kenosha WI 53142
j. Driver Name/Title: DAVE HORTON owner
k. Phone No.: 262-262-2611
l. Truck No.: 351
m. Vehicle License No./State: 14215W

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

062910

n. Driver Signature

Shipment Date

062910

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099

c. Phone No.: 847-623-3870
d. Mailing Address: SAME

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

Brick

No. 236499

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
e. Phone No.: 312-886-7078

b. Generating Location: Same
d. Address: _____
f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same
h. Owner's Phone No.: 004049

i. Waste Profile No.: PCBC & D < 50 ppm

j. Description of Waste: BRICKS

k. Quantity — Ld 1

1	5		
---	---	--	--

 Units

Y	
---	--

 TYPE

T	
---	--

Quantity — Ld 2

1	5		
---	---	--	--

 Units

Y	
---	--

 TYPE

T	
---	--

Quantity — Ld 3

--	--	--	--

 Units

Y	
---	--

 TYPE

T	
---	--

Quantity — Ld 4

--	--	--	--

 Units

Y	
---	--

 TYPE

T	
---	--

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Manal Dasai of Seithra Inc PA MD.
Generator Authorized Agent Name Signature

062910
Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: _____ e. Truck No.: _____
f. Vehicle License No./State: _____

TRANSPORTER II
h. Name: DAVE Horton Trucking LLC
i. Address: 14925 Horton Rd
KENOSHA WI 53142
j. Driver Name/Title: DAVE Horton OWNER
k. Phone No.: 847-215-4474 l. Truck No.: 351
m. Vehicle License No./State: 550 20044215W

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. 062910
Driver Signature Shipment Date

n. 062910
Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099

c. Phone No.: 847-623-3870
d. Mailing Address: SAME

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

C. Lyngren
Name of Authorized Agent

C. Lyngren
Signature

062910
Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain



ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

Brick

No. 236489

Section I - GENERATOR INFORMATION

a. Generator Name: CEMEX - LMC
 c. Address: 90 Seahorse Drive
Waukegan, IL 60085
812-850-7078
 e. Phone No.:
 If owner of the generating facility differs from transporter, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 004049

b. Generating Location: Same
 d. Address:
 f. Phone No.:
 k. Quantity - Lbl 1:

1	5	0	0
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 Quantity - Lbl 2:

1	5	0	0
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 Quantity - Lbl 3:

1	5	0	0
---	---	---	---

 Quantity - Lbl 4:

1	5	0	0
---	---	---	---

TYPE
 D - DRUM
 T - TRUCK
 O - OTHER
 UNITS
 Y - YARDS
 Q - OTHER

i. Waste Profile No.: PCB C & D <50 ppm
 j. Description of Waste: BRICK

"GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, identified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously regulated hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261."

[Signature] 0628110
 Generator Acknowledgment Date Shipper Date

TOTAL VOLUME

Section II - TRANSPORTER INFORMATION

TRANSPORTER I
 KIRSCHHOFFER TRUCKING
 a. Name: 4185 N. Highway 41
 b. Address: Zion, IL 60099
 c. Driver Name/Title: 847-395-0000
 d. Phone No.: Truck No.:
 f. Vehicle License No./State:

TRANSPORTER II
 h. Name: DAVE HORTON Trucking LLC
 i. Address: 14925 North 1st
Kenosha WI 53142
 j. Driver Name/Title: Dave Horton Owner
 k. Phone No.: 262 362 2111 Truck No.: 351
 m. Vehicle License No./State: 147-15 W

Acknowledgment of Receipt of Materials

Acknowledgment of Receipt of Materials

g. [Signature] 0628110
 Driver Signature Shipper Date

n. [Signature] 0628110
 Driver Signature Shipper Date

Section III - RECEIVING FACILITY INFORMATION

a. Site Name: Pack ES Zon Landfill Inc.
 b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099

c. Phone No.: 847-523-3870
 d. Mailing Address: SAME

e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

i. [Signature] 0628110
 Name of Authorized Agent Signature Receipt Date

Shipper refers to the company which owns, leases, operates, controls, or is responsible for facility being described or received, or the collection or transportation operation, or both.

WHITE - Destination Facility

CANARY - Return to Shipper

PINK - Transporter Facility

GOLD - Generator Facility



ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

Blank

No. 236492

Section I GENERATOR (Facility generating waste)

a. Generator Name: US EPA - CMC

b. Generating Location: Same

c. Address: 50 Seahorse Drive
Waukegan, IL 60085
312-880-7078

d. Address: _____

e. Phone No.: _____

f. Phone No.: _____

g. Owner of the generating facility (other than generator) provide:

g. Owner's Name: Same

h. Owner's Phone No.: 600049

i. Waste Profile No.: PCB C & D < 50 ppm

j. Description of Waste: _____

k. Quantity — Lb 1:

--	--	--	--	--	--	--	--	--	--

Quantity — Lb 2:

--	--	--	--	--	--	--	--	--	--

Quantity — Lb 3:

--	--	--	--	--	--	--	--	--	--

Quantity — Lb 4:

--	--	--	--	--	--	--	--	--	--

TYPE:

TYPE	D - DRUM
	T - TRUCK
	O - OTHER
UNIT	F - TAPES
	O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged and is eligible for transportation according to applicable regulations. Also, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Prohibition, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
WGT/LBS

[Signature]

Generator Authorized Agent Name

Signature

[Signature]

Signature Date

Section II TRANSPORTER

TRANSPORTER I
KIRSCHHOFFER TRUCKING

a. Name: 11115 N. Highway 41

b. Address: Zion, IL 60090

c. Driver Name/Title: 3-17-2005-6303

d. Driver No.: _____

e. Truck No.: _____

f. Vehicle License No./State: _____

g. Acknowledgement of Receipt of Materials: _____

h. Driver Signature: *[Signature]*

i. Shipment Date: *[Signature]*

TRANSPORTER II

a. Name: DAVE HARTMAN TRUCKING LLC

b. Address: 14825 Hickory Hill
Kenneshaw, WA 98022

c. Driver Name/Title: DAVE HARTMAN

d. Driver No.: 1-17-15-2005-6303

e. Truck No.: 351

f. Vehicle License No./State: WA 215W

g. Acknowledgement of Receipt of Materials: _____

h. Driver Signature: *[Signature]*

i. Shipment Date: *[Signature]*

Section III DESTINATION (Facility receiving waste)

a. Site Name: Veolia ES Zion Landfill, Inc.

b. Physical Address: 701 Green Bay Rd
Zion, IL 60090

c. Phone No.: 847-623-5820

d. Mailing Address: SAME

e. Discrepancy Indication Space: _____

f. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

g. Name of Authorized Agent: *[Signature]*

h. Signature: *[Signature]*

i. Shipment Date: *[Signature]*

Shipper refers to the company which owns, leases, operates, controls, or operates the facility being described or accepted, or the direction or supervision operations, or both.

REG-CE - Destination Facility

CANARY - Return to Generator

PRR-CE - Transporter Facility

REG-D - Generator Facility



CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236490

Section I GENERATOR INFORMATION

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-855-7078
e. Phone No.:
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same
h. Owner's Phone No.: (848) 493
i. Waste Profile No.: PLH C & D - 50 ppm
j. Description of Waste:

k. Generating Location: Same
l. Address:
m. Phone No.:
n. Quantity — Lb 1:

0	0	0	0	0
---	---	---	---	---

o. Quantity — Lb 2:

0	0	0	0	0
---	---	---	---	---

p. Quantity — Lb 3:

0	0	0	0	0
---	---	---	---	---

q. Quantity — Lb 4:

0	0	0	0	0
---	---	---	---	---

r. TYPE:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D - DRUM	T - TRUCK	O - OTHER
UNITS		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y - YARDS	O - OTHER	

s. TOTAL VOLUME:

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste has treatment residues of a previously regulated hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Signature of Generator Agent: [Signature]
Signature:

002810

Section II TRANSPORTER INFORMATION

a. Name: TRANSPORTER I
KIRSCHLICK TRUCKING
b. Address: 4145 N. Highway 41
Zion, IL 60090
c. Driver Name/Title: 847-395-0000 Michael A. [Signature]
d. Phone No.: [Signature] n. Truck No.: 37
i. Vehicle License No./State: 29699/IL
Acknowledgment of Receipt of Materials:

h. Name: TRANSPORTER II
i. Address:
j. Driver Name/Title: [Signature] [Signature]
k. Phone No.: [Signature] l. Truck No.:
m. Vehicle License No./State:
Acknowledgment of Receipt of Materials:

g. Driver Signature: [Signature] o. Shipment Code: 002810

n. Driver Signature: [Signature] p. Shipment Code: [Signature]

Section III DESTINATION INFORMATION

a. Site Name: Veolia ES Zion Landfill, Inc.
b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099

c. Phone No.: 847-629-5870
d. Mailing Address: SAME

e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent: [Signature] Signature: [Signature] Placement Code: 002810

* Shipment refers to the company which owns, leases, operates, controls, or supervises the facility being described or regulated, or the derivative or intermediate operation, or both.

002810 - Destination Facility 002810 - Return to Generator 002810 - Transporter Facility 002810 - Generator Facility

No. 236493

SECTION I - GENERATOR INFORMATION

a. Generator Name: US EPA - OMC
b. Address: 90 Seaboard Drive
Waukegan, IL 60085
312-855-7078
c. Phone No.:
d. Owner of the generating facility differs from the generating address:
e. Owner's Name: Same
f. Owner's Phone No.: 00-0000
g. Waste Profile No.: PCBC A-D - 50 ppm
h. Description of Waste:

i. Generating Location: Same
j. Address:
k. Phone No.:
l. Quantity - Ld 1:

Quantity	Units	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

m. Quantity - Ld 2:

Quantity	Units	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

n. Quantity - Ld 3:

Quantity	Units	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

o. Quantity - Ld 4:

Quantity	Units	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

UNIT	CRUM	TRUCK	OTHER
Y			
N			
C			

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261, or any applicable state law, has been properly characterized, packaged and labeled in proper condition for transportation according to applicable regulations, AND, if the waste is a transportable liquid at a previously authorized hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Signature: _____ Date: _____
Generator Authorized Agent Name: _____

SECTION II - TRANSPORTER I INFORMATION

a. Name: KIRSCHNER TRUCKING
b. Address: 4300 N. Highway 1
Chicago, IL 60630
c. Phone Number: 312-335-6800
d. Phone No.: 79557700
e. Vehicle License No./State: 79557700
f. Acknowledgment of Receipt of Manifest:
g. Date of Signature: 5/13/18
h. Signature: _____

i. Name: _____
j. Address: _____
k. Phone Number: _____
l. Phone No.: _____
m. Vehicle License No./State: _____
n. Acknowledgment of Receipt of Manifest:
o. Date of Signature: _____
p. Signature: _____

SECTION III - DESTINATION INFORMATION

a. Site Name: Waukegan 236493 Landfill
b. Physical Address: 701 Green Bay Rd
Waukegan, IL 60085
c. Discharge/Injection Status:
d. I hereby certify that the above named material has been accepted and is to be used in my knowledge the foregoing is true and accurate.
e. Name of Authorized Agent: _____
f. Signature: _____
g. Date of Signature: _____

h. Phone No.: 312-335-6800
i. Mailing Address: SAVI
j. Signature: _____
k. Date of Signature: _____



CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236491

PCB FL: Chloropigment Flakes

No. 236488

GENERATOR

a. Generator Name: USDA - GMC b. Generating Location: Same
c. Address: 90 Seahorse Drive d. Address: _____
Waukegan, IL 60085
e. Phone No.: 312-856-7078 f. Phone No.: _____

g. Owner's Name: Same h. Owner's Phone No.: 000049

i. Waste Profile No.: ECRCA D-50 ppm

j. Description of Waste: BRICK

Quantity	Ld 1	Ld 2	Ld 3	Ld 4	UNIT
Quantity — Ld 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity — Ld 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity — Ld 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity — Ld 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UNIT
D - DRUM
T - TRUCK
O - OTHER
YARDS
O - OTHER

"GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261."

TOTAL VOLUME

Signature of Generator Authorized Agent: _____ Date: 06/28/10

TRANSPORTER

a. Name: KIRSCHNER TRUCKING b. Name: _____

c. Address: 4100 N. Highway 41 d. Address: _____

e. Phone No.: 847-395-6202 f. Phone No.: _____

g. Vehicle License No/State: W33451 h. Vehicle License No/State: _____

Acknowledgment of Receipt of Materials.

Acknowledgment of Receipt of Materials.

i. Driver Signature: _____ j. Driver Signature: _____

DESTINATION

k. Site Name: Veolia ECRCA Landfill, Inc. l. Phone No.: 847-633-2870

m. Physical Address: 731 South Bay Rd n. Mailing Address: Same

o. City/State/Zip: Waukegan, IL 60085

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Generator Authorized Agent: _____ Signature: _____

Receipt Date

Shipment is to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236482

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
e. Phone No.: _____

b. Generating Location: Same
d. Address: _____
f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same
h. Owner's Phone No.: 004049

i. Waste Profile No.: PCB C & D <50 ppm
j. Description of Waste: BRICK

	Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 3	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 4	<u>15</u>	<u>Y</u>	<u>T</u>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER

(Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: _____
e. Truck No.: _____
f. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

TRANSPORTER II

h. Name: DAVE Horton Trucking LLC
i. Address: 14925 Horton Rd.
KEVOSHA WI 53142
j. Driver Name/Title: DAVE Horton
k. Phone No.: 262-206-8601
l. Truck No.: 351
m. Vehicle License No./State: 14215 W

Acknowledgement of Receipt of Materials.

n. Driver Signature

Shipment Date

Section III

DESTINATION

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
c. Phone No.: 847-623-3870
d. Mailing Address: SAME
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

**VEOLIA**

ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236486

Section I**GENERATOR** (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
 c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078
 e. Phone No.: _____

b. Generating Location: Same
 d. Address: _____
 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same
 h. Owner's Phone No.: 004049

i. Waste Profile No.: PCB C & D <50 ppmj. Description of Waste: Brick

	Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 3		<u>Y</u>	<u>T</u>
Quantity — Ld 4		<u>Y</u>	<u>T</u>

TYPE
 D - DRUM
 T - TRUCK
 O - OTHER
UNITS
 Y - YARDS
 O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name

Signature

062510

Shipment Date

Section II**TRANSPORTER**

(Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER IKIRSCHHOFFER TRUCKINGa. Name: 43185 N. Highway 41b. Address: Zion, IL. 60099c. Driver Name/Title: 847-395-6202

d. Phone No.: _____ e. Truck No.: _____

f. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

g. Driver Signature

062510
Shipment Date**TRANSPORTER II**h. Name: DAVE HORTON TRUCKING LLCi. Address: 14935 Horton RdKenosha WI 53142j. Driver Name/Title: DAVE HORTON OWNERk. Phone No.: 262 766 2611 l. Truck No.: 351m. Vehicle License No./State: 14215 W

Acknowledgement of Receipt of Materials.

n. Driver Signature

062510
Shipment Date**Section III****DESTINATION**

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.b. Physical Address: 701 Green Bay Rd.Zion, IL 60099c. Phone No.: 847-623-3870d. Mailing Address: SAME

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236485

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078
e. Phone No.: _____

b. Generating Location: Same
d. Address: _____
f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same
h. Owner's Phone No.: 004049

i. Waste Profile No.: PCB C & D <50 ppm

j. Description of Waste: BRICK

	Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 3		<u>Y</u>	<u>T</u>
Quantity — Ld 4		<u>Y</u>	<u>T</u>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

TOTAL VOLUME

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: Manal Desai of Sullair for EPA Signature: MD/ Shipment Date: 062510

Section II

TRANSPORTER (Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I
KIRSCHHOFFER TRUCKING

a. Name: 43185 N. Highway 41
b. Address: Zion, IL. 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: PRINT/TITLE
e. Truck No.: 290
f. Vehicle License No./State: PA33453

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____
l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Driver Signature: P. Shubert Shipment Date: 062510

n. Driver Signature: _____ Shipment Date: _____

Section III

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent: P. Shubert Signature: P. Shubert Receipt Date: 062510



ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236484

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC b. Generating Location: Same
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
d. Address: _____
e. Phone No.: _____ f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same
h. Owner's Phone No.: 004049

i. Waste Profile No.: PCB C & D <50 ppm
j. Description of Waste: BRICK

	Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2	<u>75</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 3	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 4	<u>15</u>	<u>Y</u>	<u>T</u>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Generator Authorized Agent Name: Tammy Signature: _____ Shipment Date: 062510

Section II TRANSPORTER (Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: _____ e. Truck No.: 290
f. Vehicle License No./State: P428453

Acknowledgement of Receipt of Materials.

g. Driver Signature: P430 Shipment Date: 062510

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent: C. Lyngren Signature: C. Lyngren Receipt Date: 062510

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236483

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
 c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
 e. Phone No.:
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 004049
 i. Waste Profile No.: PCB C & D - 50 ppm
 j. Description of Waste: PCB C & D

b. Generating Location: Same
 d. Address:
 f. Phone No.:
 k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

TOTAL VOLUME

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

062510
Shipment Date

Generator Authorized Agent Name _____ Signature _____

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: KIRSCHHOFFER TRUCKING
 b. Address: 43185 N. Highway 41
Zion, IL 60099
 c. Driver Name/Title: 847-395-6202 Michael G. Hoff
 d. Phone No.: 99599/WL
 e. Truck No.: 33
 f. Vehicle License No./State:
 Acknowledgement of Receipt of Materials.
 g. Driver Signature [Signature]
062510
 Shipment Date

TRANSPORTER II
 h. Name:
 i. Address:
 j. Driver Name/Title: [Signature]
 k. Phone No.: [Signature]
 l. Truck No.:
 m. Vehicle License No./State:
 Acknowledgement of Receipt of Materials.
 n. Driver Signature [Signature]
[Signature]
 Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
 b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099

c. Phone No.: 847-623-3870
 d. Mailing Address: SAME

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. C. Lynnes _____
 Name of Authorized Agent Signature
062510
 Receipt Date

No. 236487

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC b. Generating Location: Same
c. Address: 90 Seahorse Drive d. Address: _____
Waukegan, IL. 60085
312-886-7078
e. Phone No.: _____ f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

h. Owner's Phone No.: 004049 Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

i. Waste Profile No.: PCB C & D <50 ppm Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

j. Description of Waste: _____ Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING h. Name: _____
b. Address: 43185 N. Highway 41 i. Address: _____
Zion, IL. 60099
c. Driver Name/Title: 847-395-6202 Michael G. Hoff j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: 313 k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: 99589/L5 m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
g. Driver Signature [Signature] n. Driver Signature _____
Shipment Date 062510 Shipment Date _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date



ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236481

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
e. Phone No.:
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same
h. Owner's Phone No.: 004049
i. Waste Profile No.: PCB C & D < 50 ppm
j. Description of Waste:

b. Generating Location: Same
d. Address:
f. Phone No.:
k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER

(Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL 60099
c. Driver Name/Title: 847-395-6202 Michael G. Glick
d. Phone No.: 94599/24
e. Truck No.: 513
f. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. Driver Signature

Shipment Date

Section III

DESTINATION

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
c. Phone No.: 847-623-3870
d. Mailing Address: SAME
e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. **236479**
Section I
GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
 c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078
 e. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 004049
 i. Waste Profile No.: PCB C & D < 50 ppm
 j. Description of Waste: _____

b. Generating Location: Same
 d. Address: _____
 f. Phone No.: _____
 k. Quantity — Ld 1

--	--	--	--	--

 Units

--

 TYPE

--

 Quantity — Ld 2

--	--	--	--	--

 Units

Y

 TYPE

T

 Quantity — Ld 3

--	--	--	--	--

 Units

Y

 TYPE

T

 Quantity — Ld 4

--	--	--	--	--

 Units

Y

 TYPE

T

TYPE	
D	- DRUM
T	- TRUCK
O	- OTHER
UNITS	
Y	- YARDS
O	- OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Manal Desai of Seahorse Inc
NDX

0	6	2	4	1	0
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Generator Authorized Agent Name

Signature

Shipment Date

Section II
TRANSPORTER

(Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I
KIRSCHHOFFER TRUCKING

a. Name: 43185 N. Highway 41
 b. Address: Zion, IL. 60099
 c. Driver Name/Title: 847-395-6202 Michael Quattrone
 d. Phone No.: _____ e. Truck No.: 313
 f. Vehicle License No./State: 97598/IL

Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

TRANSPORTER II

h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. Driver Signature

Shipment Date

Section III
DESTINATION

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
 b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
 e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation

No. 236478

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078

b. Generating Location: Same

d. Address: _____

e. Phone No.: _____

f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same

h. Owner's Phone No.: 004049

i. Waste Profile No.: PCB C & D <50 ppm

j. Description of Waste: BRICK

	Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2		<u>Y</u>	<u>T</u>
Quantity — Ld 3		<u>Y</u>	<u>T</u>
Quantity — Ld 4		<u>Y</u>	<u>T</u>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

TOTAL
VOLUME

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

Section II

TRANSPORTER

(Generator completes a-d; Transporter I complete c-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: KIRSCHHOFFER TRUCKING

b. Address: 43185 N. Highway 41

c. Driver Name/Title: 847-395-6202

d. Phone No.: _____ e. Truck No.: _____

f. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

TRANSPORTER II

h. Name: DAVE HORTON TRUCKING LLC

i. Address: 14925 Horton Rd.

j. Driver Name/Title: DAVE HORTON

k. Phone No.: 262-206-2611 l. Truck No.: 351

m. Vehicle License No./State: 14215 W

Acknowledgement of Receipt of Materials.

n. Driver Signature

Shipment Date

Section III

DESTINATION

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.

b. Physical Address: 701 Green Bay Rd.

Zion, IL 60099

c. Phone No.: 847-623-3870

d. Mailing Address: SAME

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

Bruck
No. 236480

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
e. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same
h. Owner's Phone No.: 004049
i. Waste Profile No.: PCB C & D <50 ppm
j. Description of Waste: _____

b. Generating Location: Same
d. Address: _____
f. Phone No.: _____
k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Michael Daniel Silberman EPA
Generator Authorized Agent Name

MD/
Signature

062410
Shipment Date

Section II

TRANSPORTER I

(Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: _____
e. Truck No.: _____
f. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.

g. _____
Driver Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

Shipment Date

TRANSPORTER II

h. Name: DAVE Horton Trucking LLC
i. Address: 14925 Horton Rd.
KEWOSHA WI 53142
j. Driver Name/Title: DAVE Horton OWNER
k. Phone No.: 262-200-2611
l. Truck No.: 351
m. Vehicle License No./State: 14215 W
Acknowledgement of Receipt of Materials.

n. Dave Horton
Driver Signature

062410
Shipment Date

Section III

DESTINATION

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
c. Phone No.: 847-623-3870
d. Mailing Address: SAME
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. C. Kyrnos
Name of Authorized Agent

Signature

10 24 10
Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

No. 236477

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC b. Generating Location: Same
c. Address: 90 Seahorse Drive
Waukegan, IL. 60085 d. Address: _____
312-886-7078 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

h. Owner's Phone No.: 004049 Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

i. Waste Profile No.: PCB C & D < 50 ppm Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

j. Description of Waste: Brick Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name _____ Signature _____ Shipment Date 062310

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL. 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: _____ e. Truck No.: 2123453
f. Vehicle License No./State: IL 23653
Acknowledgement of Receipt of Materials.
g. Driver Signature [Signature] Shipment Date 062310

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
n. Driver Signature _____ Shipment Date _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

i. C. Lyngen Signature C. Lyngen Receipt Date 062310
Name of Authorized Agent _____

Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

**VEOLIA**

ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236476

Section I**GENERATOR** (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
 c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078
 e. Phone No.:
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 004049
 i. Waste Profile No.: PCB C & D - 50 ppm
 j. Description of Waste: BRICK

b. Generating Location: Same
 d. Address:
 f. Phone No.:
 k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
 D - DRUM
 T - TRUCK
 O - OTHER
 UNITS
 Y - YARDS
 O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II**TRANSPORTER**

(Generator completes a-d)

(Transporter I complete e-g
Transporter II complete h-n)

TRANSPORTER I
 a. Name: KIRSCHHOFFER TRUCKING
 b. Address: 43185 N. Highway 41
Zion, IL. 60099
 c. Driver Name/Title: 847-395-6202
 d. Phone No.: PRINT/TYPE
 e. Truck No.: 290
 f. Vehicle License No./State: PH38453
 Acknowledgement of Receipt of Materials.

TRANSPORTER II
 h. Name:
 i. Address:
 j. Driver Name/Title:
 k. Phone No.: PRINT/TYPE
 l. Truck No.:
 m. Vehicle License No./State:
 Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

n. Driver Signature

Shipment Date

Section III**DESTINATION**

(Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
 b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
 c. Phone No.: 847-623-3870
 d. Mailing Address: SAME
 e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236472

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078

b. Generating Location: Same
d. Address: _____

e. Phone No.: _____

f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same
h. Owner's Phone No.: 004049

i. Waste Profile No.: PCB C & D < 50 ppm

j. Description of Waste: _____

	Quantity	Units	TYPE
k. Quantity — Ld 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER

UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

CAROL NISSE-DOESULTRACORP
Generator Authorized Agent Name Signature

062110
Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
KIRSCHHOFFER TRUCKING

a. Name: 43185 N. Highway 41
b. Address: Zion, IL. 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: _____ e. Truck No.: _____
f. Vehicle License No./State: _____

TRANSPORTER II

h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

n. Driver Signature

062110
Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236470

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC b. Generating Location: Same
c. Address: 90 Seahorse Drive d. Address: _____
Waukegan, IL. 60085
312-886-7078 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

h. Owner's Phone No.: 004049 Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

i. Waste Profile No.: PCB C & D <50 ppm Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

j. Description of Waste: _____ Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

TOTAL VOLUME

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

CAROL NISSEN Generator Authorized Agent Name Carol Nissen Signature 06/21/10 Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL. 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: _____ e. Truck No.: _____
f. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.
g. Driver Signature _____ Shipment Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TRANSPORTER II
h. Name: Griffith Truck Service
i. Address: 701 Green Bay Rd
Bushfield
j. Driver Name/Title: Larry Griffith
k. Phone No.: 847-857-2908 l. Truck No.: 311
m. Vehicle License No./State: 90782
Acknowledgement of Receipt of Materials.
n. Driver Signature _____ Shipment Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. C. Nissen Name of Authorized Agent C. Nissen Signature 06/21/10 Receipt Date

No. 236471

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
b. Generating Location: Same
c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078
e. Phone No.:
If owner of the generating facility differs from the generator provide:
g. Owner's Name: Same
h. Owner's Phone No.: 004049
i. Waste Profile No.: PCB C & D <50 ppm
j. Description of Waste:

b. Generating Location: Same
d. Address: ✓
f. Phone No.:
k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

CAROL NISSEN OF SOUTRAK FOR EPA
Generator Authorized Agent Name Signature

062110
Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL. 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: PRINT/TYPE
e. Truck No.: 296
f. Vehicle License No./State: PC33455
Acknowledgement of Receipt of Materials.
g. Bozo
Driver Signature 062110
Shipment Date

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.: PRINT/TYPE
l. Truck No.:
m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.
n. 12
Driver Signature 062110
Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
c. Phone No.: 847-623-3870
d. Mailing Address: SAME
e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. C. Lyngen
Name of Authorized Agent Signature C. Lyngen
4/21/10
Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236467

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC b. Generating Location: Same

c. Address: 90 Seahorse Drive d. Address: _____

Waukegan, IL. 60085

e. Phone No.: 312-886-7078 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same k. Quantity — Ld 1

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h. Owner's Phone No.: 004049 Quantity — Ld 2

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i. Waste Profile No.: PCB C & D <50 ppm Quantity — Ld 3

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j. Description of Waste: _____ Quantity — Ld 4

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TYPE	
D	- DRUM
T	- TRUCK
O	- OTHER
UNITS	
Y	- YARDS
O	- OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

CARA MASON OF SULTZBERGER 06/18/10
 Generator Authorized Agent Name Signature Shipment Date

TOTAL VOLUME

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II								
a. Name: <u>KIRSCHHOFFER TRUCKING</u>	h. Name: _____								
b. Address: <u>43185 N. Highway 41</u>	i. Address: _____								
<u>Zion, IL. 60099</u>									
c. Driver Name/Title: <u>847-395-6202</u>	j. Driver Name/Title: _____								
d. Phone No.: _____ e. Truck No.: _____	k. Phone No.: _____ l. Truck No.: _____								
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____								
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.								
g. Driver Signature <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Shipment Date					n. Driver Signature <u>[Signature]</u> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Shipment Date				

Section III DESTINATION (Generator completes a-d; destination site completes e-j)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870

b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME

Zion, IL 60099

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236468

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
b. Generating Location: Same
c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078
d. Address: _____
e. Phone No.: _____
f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same
h. Owner's Phone No.: 004049
i. Waste Profile No.: PCB C & D - 50 ppm
j. Description of Waste: _____

k. Quantity — Ld 1

1	5	0	0
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 Units

Y	T
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 TYPE

D - DRUM
T - TRUCK
O - OTHER

Quantity — Ld 2

1	5	0	0
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 Units

Y	T
---	---

 TYPE

D - DRUM
T - TRUCK
O - OTHER

Quantity — Ld 3

1	5	0	0
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 Units

Y	T
---	---

 TYPE

D - DRUM
T - TRUCK
O - OTHER

Quantity — Ld 4

1	5	0	0
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 Units

Y	T
---	---

 TYPE

D - DRUM
T - TRUCK
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name C. Lingen Signature C. Lingen Shipment Date 06/18/10

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL. 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: _____ e. Truck No.: _____
f. Vehicle License No./State: _____
g. Driver Signature _____ Shipment Date _____
Acknowledgement of Receipt of Materials.

TRANSPORTER II
h. Name: Bushnell Truck Service
i. Address: 7010 Green Bay Rd.
Bushnell, WI
j. Driver Name/Title: Don H. Hage
k. Phone No.: 262-857-1298 l. Truck No.: 312
m. Vehicle License No./State: 40782
n. Driver Signature _____ Shipment Date 06/18/10
Acknowledgement of Receipt of Materials.

Section III DESTINATION (Generator completes a-d; destination site completes e-l)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent C. Lingen Signature C. Lingen Receipt Date 06/18/10

Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

No. 236463

Section I GENERATOR (Generator completes all of Section I)

USEPA - OMC

a. Generator Name: 90 Seahorse Drive
 c. Address: Waukegan, IL. 60085
312-886-7078
 e. Phone No.: _____

b. Generating Location: Same
 d. Address: _____
 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same
 h. Owner's Phone No.: 004049

i. Waste Profile No.: PCB C & D < 50 ppm
 j. Description of Waste: _____

k. Quantity — Ld 1

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Quantity — Ld 2

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Quantity — Ld 3

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Quantity — Ld 4

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TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
KIRSCHHOFFER TRUCKING

a. Name: 43185 N. Highway 41
 b. Address: Zion, IL. 60099

c. Driver Name/Title: 847-395-6202
 d. Phone No.: _____
 e. Truck No.: 290
 f. Vehicle License No./State: P 433453

Acknowledgement of Receipt of Materials.

g. Driver Signature [Signature]

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 Shipment Date

TRANSPORTER II

h. Name: _____
 i. Address: _____

j. Driver Name/Title: _____
 k. Phone No.: _____
 l. Truck No.: _____
 m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. Driver Signature _____

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 Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
 b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099

c. Phone No.: 847-623-3870
 d. Mailing Address: SAME

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent _____ Signature _____

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 Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236469

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
e. Phone No.: 312-886-7078
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same
h. Owner's Phone No.: 004049
i. Waste Profile No.: PCB C & D <50 ppm
j. Description of Waste:

b. Generating Location: Same
d. Address:
f. Phone No.:
k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name Carol Nissen Signature Carol Nissen Shipment Date 06/18/10

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL. 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: PRINT/TYPE
e. Truck No.: 270
f. Vehicle License No./State: PV3 3453

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.: PRINT/TYPE
l. Truck No.:
m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Driver Signature Boyo Shipment Date 06/18/10

n. Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent C. Lynnen Signature C. Lynnen Receipt Date 06/18/10

Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

No. 236466

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC b. Generating Location: Same

c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078 d. Address: _____

e. Phone No.: _____ f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: Same

h. Owner's Phone No.: 004049

i. Waste Profile No.: PCB C & D <50 ppm

j. Description of Waste: BRICK

	Quantity	Units	TYPE
k. Quantity — Ld 1	<u>15</u>	<u>Y</u>	<u>T</u>
Quantity — Ld 2		<u>Y</u>	<u>T</u>
Quantity — Ld 3		<u>Y</u>	<u>T</u>
Quantity — Ld 4		<u>Y</u>	<u>T</u>

TYPE

D - DRUM

T - TRUCK

O - OTHER

UNITS

Y - YARDS

O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Tom HANNE
Generator Authorized Agent Name

Signature

06/15/10
Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-m)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>KIRSCHHOFFER TRUCKING</u>		h. Name: _____	
b. Address: <u>43185 N. Highway 41</u>		i. Address: _____	
c. Driver Name/Title: <u>847-395-6202</u>		j. Driver Name/Title: _____	
d. Phone No.: _____	e. Truck No.: <u>090</u>	k. Phone No.: _____	l. Truck No.: _____
f. Vehicle License No./State: <u>PL33453</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. <u>Bojo</u>	<u>06/15/10</u>	n. _____	<u>06/15/10</u>
Driver Signature	Shipment Date	Driver Signature	Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870

b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

06/15/10
Receipt Date

No. 236462

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
e. Phone No.:
If owner of the generating facility differs from the generator provide:
g. Owner's Name: Same
h. Owner's Phone No.: 004049
i. Waste Profile No.: PCB C & D < 50 ppm
j. Description of Waste: Brick

b. Generating Location: Same
d. Address:
f. Phone No.:
k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE	
D	- DRUM
T	- TRUCK
O	- OTHER
UNITS	
Y	- YARDS
O	- OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Manual Design of Sulfur for EPA MD.
Generator Authorized Agent Name MD. Signature MD.

Shipment Date:

0	6	1	4	1	0
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Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: PRINT/TYPE
e. Truck No.: 890
f. Vehicle License No./State: PU37453
Acknowledgement of Receipt of Materials.
g. Boyd

0	6	1	4	1	0
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Driver Signature Shipment Date

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title: 12
k. Phone No.: 12 PRINT/TYPE
l. Truck No.:
m. Vehicle License No./State: 12
Acknowledgement of Receipt of Materials.
n. 12

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Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
c. Phone No.: 847-623-3870
d. Mailing Address: SAME
e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

C. Luper C. Luper

0	6	1	4	1	0
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Name of Authorized Agent Signature Receipt Date

No. 236464

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC b. Generating Location: Same
c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078 d. Address: _____
e. Phone No.: _____ f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

h. Owner's Phone No.: 004049 Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

i. Waste Profile No.: PCB C & D < 50 ppm Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

j. Description of Waste: Brick Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Tom Haine Signature 06/14/10 Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL. 60099
c. Driver Name/Title: 847-395-6202 Bozo
d. Phone No.: _____ e. Truck No.: 290
f. Vehicle License No./State: PA 331 53
g. Bozo Driver Signature 06/14/10 Shipment Date
Acknowledgement of Receipt of Materials.

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. _____ Driver Signature _____ Shipment Date
Acknowledgement of Receipt of Materials.

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099
e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

K. Trust Name of Authorized Agent K. Trust Signature 06/14/10 Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

No. 236461

Section I GENERATOR

a. Generator Name: UNEPH - CHIC
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
e. Phone No.:
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: State
h. Owner's Phone No.: 8000449
i. Waste Profile No.: PC, TC, & D < 50 ppm
j. Description of Waste: Black

k. Generating Location: State
l. Address:
m. Phone No.:
n. Quantity — Ld 1:

Quantity	1	2	3	4	5	6	7	8	9	0

15
o. Quantity — Ld 2:

Quantity	1	2	3	4	5	6	7	8	9	0

75
p. Quantity — Ld 3:

Quantity	1	2	3	4	5	6	7	8	9	0

15
q. Quantity — Ld 4:

Quantity	1	2	3	4	5	6	7	8	9	0

15
r. TYPE:

TYPE	D - DRUM	T - TRUCK	O - OTHER

s. UNITS:

UNITS	Y - YARDS	O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously unperfected hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Generator Authorized Agent Name

Signature

Signature Date

Section II TRANSPORTER

TRANSPORTER I
a. Name: KIRSCHHOFF TRUCKING
b. Address: 4115 N. Highway 41
Waukegan, IL 60085
c. Driver Name/Title: 547-393-6300
d. Phone No.: 547-393-6300
e. Vehicle License No./State: 761760 IL
f. Acknowledgment of Receipt of Materials:

TRANSPORTER II
g. Name:
h. Address:
i. Driver Name/Title:
j. Phone No.: 547-393-6300
k. Vehicle License No./State: 761760 IL
l. Acknowledgment of Receipt of Materials:

m. Driver Signature: [Signature]
n. Signature Date: [Date]

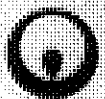
o. Driver Signature: [Signature]
p. Signature Date: [Date]

Section III DESTINATION

a. Site Name: Veolia ES Zen Landfill, Inc.
b. Physical Address: 701 Green Bay Rd.
Zen, IL 60087
c. Phone No.: 547-523-3570
d. Mailing Address: State
e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Chargers: [Signature] Signature: [Signature] Receipt Date: [Date]
Name of Authorized Agent

**VEOLIA**

ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236480

Section I GENERATOR (Company or Individual)

a. Generator Name: <u>USEPA - OMC</u>	b. Generating Location: <u>Same</u>
c. Address: <u>90 Seaboard Drive</u>	d. Address: _____
<u>Waukegan, IL 60085</u>	_____
e. Phone No.: <u>312-880-7078</u>	f. Phone No.: _____

g. Owner of the generating facility differs from the generator, provide:

g. Owner's Name: <u>Same</u>	h. Owner's Phone No.: <u>(815) 494-4141</u>
------------------------------	---

i. Waste Profile No.: PC-PLC-A-13-54-pgm

j. Description of Waste: _____

k. Quantity — Lb 1	Quantity	Lbs	Y	T	TYPE D - DUMPS T - TRUCK O - OTHER UNITS Y - YARDS O - OTHER
Quantity — Lb 2					
Quantity — Lb 3					
Quantity — Lb 4					

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable law has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. Also, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Generator Authorized Agent Name

Signature

Exemption Code

Section II TRANSPORTER (Company or Individual)**TRANSPORTER I
KIRSCHOFFER TRUCKING****TRANSPORTER II**

a. Name: <u>Michael N. Kirschoffer</u>	b. Name: _____
c. Address: <u>2100 N. Lincoln</u>	d. Address: _____
<u>Waukegan, IL 60080</u>	_____
e. Driver Name/Title: <u>347-393-6202</u>	f. Driver Name/Title: _____
<u>Michael N. Kirschoffer</u>	_____
g. Phone No.: _____	h. Phone No.: _____
i. Vehicle License No./State: <u>995 99/IL</u>	j. Vehicle License No./State: _____
<u>995 99/IL</u>	_____
k. Acknowledgment of Receipt of Materials: <u>[Signature]</u>	l. Acknowledgment of Receipt of Materials: <u>[Signature]</u>
m. Order Signature: <u>[Signature]</u>	n. Order Signature: <u>[Signature]</u>
o. Exemption Code: <u>0614110</u>	p. Exemption Code: _____

Section III DESTINATION (Company or Individual)

a. Site Name: <u>Waste ES Zen Landfill Inc</u>	c. Phone No.: <u>847-823-5870</u>
b. Physical Address: <u>701 Green Bay Rd</u>	d. Mailing Address: <u>Same</u>
<u>Zen, IL 60090</u>	_____

e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Affected Agent

Signature

Exemption Code

* Shipper subject to the company which owns, leases, operates, controls, or operates the facility being dispatched or received, or the destination or receiving operation, or both.

WHITE - Destination Facility

GREEN - Return to Generator

PINK - Transporter Return

GOLD - Shipper Return

**VEOLIA**

ENVIRONMENTAL SERVICES

CERTIFIED NON-SPECIAL WASTE MANIFEST

No. 236459

Section I - GENERATOR

a. Generator Name: USEPA - OML

b. Address: 90 Seahorse Drive
Waukegan, IL 60085
812-985-7078

c. Phone No.: 812-985-7078

d. Owner of the generating facility (if not the generator, provide):
g. Owner's Name: Same
h. Owner's Phone No.: 000000

i. Waste Profile No.: IN B C D E 50 ppm

j. Description of Waste:

k. Generating Location: Same

l. Address:

m. Phone No.:

Quantity	Unit	Time	TYPE	
Quantity - Ld 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	TYPE U - DRUM T - TRUCK O - OTHER UNITS Y - YARDS D - OTHER
Quantity - Ld 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
Quantity - Ld 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
Quantity - Ld 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 as any applicable date has been properly described, labeled and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Ban and General Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 266 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Generator Authorized Agent Name

Signature

Shipment Date

Section II - TRANSPORTER

a. Name: TRANSPORTER I
KIRCHHOFER TRUCKING

b. Address: 4170 N. Highway 41
York, IL 60699

c. Driver Name/Title: 847-323-0000

d. Phone No.: 847-323-0000

e. Truck No.: 312

f. Vehicle License No./State: 90792

a. Name: TRANSPORTER II
6111 N. York Road

b. Address: York, IL 60699

c. Driver Name/Title: 847-323-0000

d. Phone No.: 847-323-0000

e. Truck No.: 312

f. Vehicle License No./State: 90792

Acknowledgement of Receipt of Materials

Acknowledgement of Receipt of Materials

g. Driver Signature

Shipment Date

h. Driver Signature

Shipment Date

Section III - DESTINATION

a. Site Name: Veolia ES Landfill, Inc.

b. Physical Address: 720 Green Bay Rd.
York, IL 60699

c. Phone No.: 847-823-0000

d. Mailing Address: SAME

e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or operates the facility being described or regulated, or the description of regulatory operation, or both.

WHITE - Destination Field

GREEN - Return to Generator

PINK - Transporter Field

YELLOW - Consignee Field

No. 236444

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
 b. Generating Location: Same
 c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078
 d. Address: _____
 e. Phone No.: _____
 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 004049
 i. Waste Profile No.: PCB C & D < 50 ppm
 j. Description of Waste: _____

	Quantity	Units	TYPE
k. Quantity — Ld 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
 D - DRUM
 T - TRUCK
 O - OTHER

UNITS
 Y - YARDS
 O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

CAROL NISSE Generator Authorized Agent Name
[Signature] Signature
061010 Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I
KIRSCHHOFFER TRUCKING
 a. Name: 43185 N. Highway 41
 b. Address: Zion, IL. 60099
 c. Driver Name/Title: 847-395-6202
 d. Phone No.: _____
 e. Truck No.: _____
 f. Vehicle License No./State: PC 176611 IL
 Acknowledgement of Receipt of Materials.

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____
 l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature
[Signature] Shipment Date

n. [Signature] Driver Signature
[Signature] Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
 b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
 c. Phone No.: 847-623-3870
 d. Mailing Address: SAME
 e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

C. [Signature] Name of Authorized Agent
[Signature] Signature
41110 Receipt Date

No. 236454

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL 60085
312-886-7078
e. Phone No.:
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same
h. Owner's Phone No.: 004049
i. Waste Profile No.: PCB C & D < 50 ppm
j. Description of Waste:

b. Generating Location: Same
d. Address:
f. Phone No.:
k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

TOTAL
VOLUME

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL 60099
c. Driver Name/Title: 847-395-6202
d. Phone No.: PRINT/TYPE
e. Truck No.: 777
f. Vehicle License No./State: 7619664
Acknowledgement of Receipt of Materials.

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title: 12
k. Phone No.: PRINT/TYPE
l. Truck No.:
m. Vehicle License No./State: 12
Acknowledgement of Receipt of Materials.

g. Driver Signature

Shipment Date

n. Driver Signature

Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
b. Physical Address: 701 Green Bay Rd.
Zion, IL 60099
c. Phone No.: 847-623-3870
d. Mailing Address: SAME
e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236458

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
 b. Generating Location: Same
 c. Address: 90 Seahorse Drive
 d. Address: Waukegan, IL 60085
 e. Phone No.: 312-886-7078
 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: Same
 h. Owner's Phone No.: 004049
 i. Waste Profile No.: PCB C & D < 50 ppm
 j. Description of Waste: _____

	Quantity	Units	TYPE
k. Quantity — Ld 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
 D - DRUM
 T - TRUCK
 O - OTHER
UNITS
 Y - YARDS
 O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL VOLUME

Generator Authorized Agent Name: Tom Hahn
 Signature: _____
 Shipment Date: 06/11/00

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: KIRSCHHOFFER TRUCKING
 b. Address: 43185 N. Highway 41
 c. Driver Name/Title: 847-395-6202
 d. Phone No.: _____
 e. Truck No.: 277
 f. Vehicle License No./State: _____

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____
 l. Truck No.: _____
 m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Driver Signature: _____
 Shipment Date: 06/11/00

n. Driver Signature: _____
 Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc.
 b. Physical Address: 701 Green Bay Rd.
 c. Phone No.: 847-623-3870
 d. Mailing Address: Same
 e. Discrepancy Indication Space: _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent: _____
 Signature: _____
 Receipt Date: _____

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WHITE - Destination Retain

CANARY - Return to Generator

PINK - Transporter Retain

GOLD - Generator Retain

No. 236457

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: USEPA - OMC
c. Address: 90 Seahorse Drive
Waukegan, IL. 60085
312-886-7078
e. Phone No.:
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: Same
h. Owner's Phone No.: 004049
i. Waste Profile No.: PCB C & D <50 ppm
j. Description of Waste:

b. Generating Location: Same
d. Address:
f. Phone No.:
k. Quantity — Ld 1

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 2

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 3

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Quantity — Ld 4

Quantity	Units	TYPE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE
D - DRUM
T - TRUCK
O - OTHER
UNITS
Y - YARDS
O - OTHER

*GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TOTAL
VOLUME

Generator Authorized Agent Name [Signature] Signature [Signature] Shipment Date 06/11/09

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I
a. Name: KIRSCHHOFFER TRUCKING
b. Address: 43185 N. Highway 41
Zion, IL. 60099
c. Driver Name/Title: 847-395-6202 Michael G. [Signature]
d. Phone No.: 99599/62 e. Truck No.: 315
f. Vehicle License No./State: 99599/IL
Acknowledgement of Receipt of Materials.
g. Driver Signature [Signature] Shipment Date 06/10/09

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.: [Signature] l. Truck No.:
m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.
n. Driver Signature [Signature] Shipment Date [Signature]

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Veolia ES Zion Landfill, Inc. c. Phone No.: 847-623-3870
b. Physical Address: 701 Green Bay Rd. d. Mailing Address: SAME
Zion, IL 60099

e. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent C. [Signature] Signature C. [Signature] Receipt Date 06/11/09

* Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



No. 236455

1. Contractor Name: 90 Seahorse Drive
 2. Address: Waukegan, IL 60085
 3. Phone: 312-884-7078

b. Commanding Location: **240110**

c. Address: _____

d. Phone No.: _____

Owner of the generating facility differs from the record book records.
g. Owner's Name: Electric Power Corp.
h. Owner's Phone No: 604-649-0000
i. Waste Profile No: PCB C & D - 50 ppm
j. Description of Waste: oil

	Quantity	Unit	TYPE
Quantity — Ld 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 15	<input type="text"/>	<input type="text"/>
Quantity — Ld 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity — Ld 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE

D - COLUMN

T - THREE

O - OTHER

UNIT

Y - YARDS

O - OTHER

THE UNDERSIGNED CERTIFIES THAT: I hereby certify that the above signed material is not a derivative work as defined by 40 CFR Part 261 for any application for use, has been properly classified, declassified and packaged, and is to proper personnel for information access for a specific audience; AND, I am aware of a known restriction that is permanently restricted material is made subject to the Export Control Regulations. I certify and warrant that the material has been treated in accordance with the requirements of 40 CFR Part 261 and is no longer a derivative work as defined by 40 CFR Part 261.

TOTAL
PAGE(S)

UNCLASSIFIED//FOR OFFICIAL USE ONLY

TRANSMITTER I

Name: WILSON, FREDERICK TRUCKING
Address: 4718 S. HENRIEVILLE ST
CHICAGO, ILL. 60632
1. Enter Name: 847-395-6202
2. Phone No.: 847-395-6202
3. Address: 4718 S. HENRIEVILLE ST

Accepted for Award of Receipt of Materials

[Signature] [Stamp]

Clerk Signature Steward Date

TRANSPORTER II

n. Name: _____
 i. Address: _____
 j. Driver Name: _____
 k. Phone No.: _____ i. Truck No.: _____
 m. Truck's License No. (State) _____

Approved Agent in Charge of Shipments

Owner Signature

Shipment Date

1. Site Name: Wash. E3 Zee Landfill, Inc. 2. Permit No.: WAC 163-00000

1. Physical Address: 701 South Main St. d. Mailing Address: SAME
2nd Fl. Room
Company Registration State: _____

I hereby certify that the above named Special has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Participant Agent _____ **Surname** _____ **Pinpoint Code**

Eligible values to the company which have been reported, whether or not they are being considered for investment, or for acquisition; or reservation, acquisition, or loan.

FIG. 10 - Construction Details